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FACSIMILE TRANSMISSION COVER SHEET

Date: July 30, 2008

To: United States Patent and Trademark Office
Examiner: Wong, Allen C.; Art Unit: 2621

Fax: (571) 273-8300

Re: **Application Serial No.: 10/655,698**
Filing Date: 9/5/2003; First-Named Inventor: Viscito
Attorney Docket No.: 02CON382P-CIP

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 23

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated July 10, 2008.

Payment of \$1,080.00 for Extra Claim Fees to be charged to deposit account no. 50-0835, per enclosed authorization.

Thank you.

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Attorney Docket No.: 02CON382P-CIP

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Viscito, et al.SERIAL NO.: 10/655,698 FILED: 9/5/2003FOR: Hypothetical Reference Decoder with Low Start-Up Delays for Compressed Image and Video

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	460.00	230.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,050.00	525.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,640.00	820.00	\$

☐ TOTAL EXTENSION FEE \$ _____☒ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	30	MINUS **21	* = 9	x 50	x 25	\$ 450.00
INDEPENDENT	6	MINUS ***3	* = 3	x 210	x 105	\$ 630.00
First presentation of multiple dependent claim				+ 370	+ 185	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 1,080.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

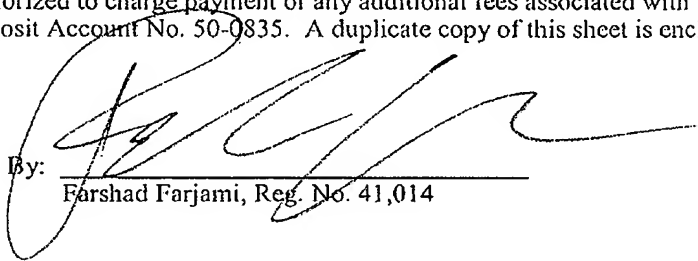
Attorney Docket No.: 02CON382P-CIP

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☒ Please charge Deposit Account No. 50-0835 in the amount of \$1,080.00
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0835. A duplicate copy of this sheet is enclosed.

Date:

7/30/08

By:



Farshad Farjami, Reg. No. 41,014

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Name of Person Performing Facsimile Transmission

Christina Carter Ellis

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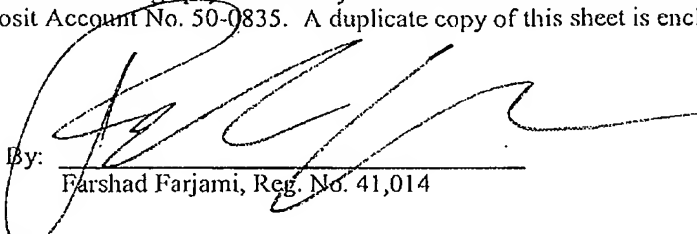
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